MARYLAND HEALTH CARE COMMISSION

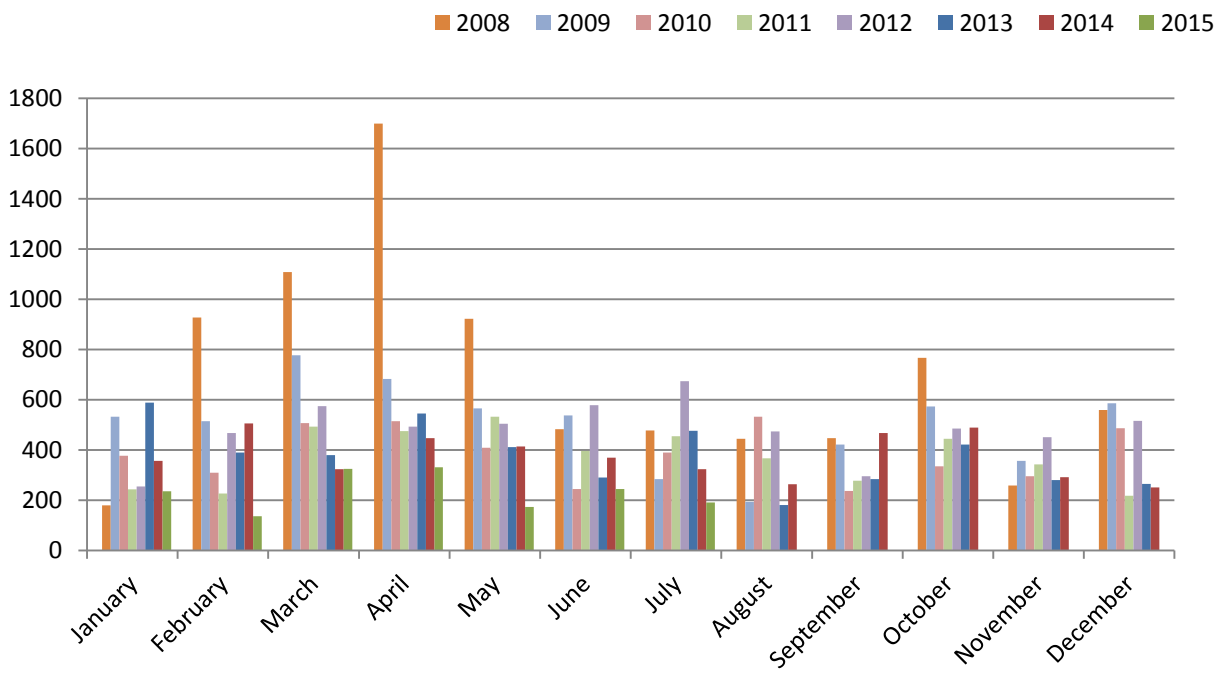
UPDATE OF ACTIVITIES

September 2015

EXECUTIVE DIRECTION

Maryland Trauma Physician Services Fund

Figure 1
Uncompensated Care Payments to Trauma Physicians, 2008-2015



Uncompensated Care Processing
CoreSource, Inc., the third party administrator (TPA) for the Trauma Fund, adjudicated claims in the amount of $243,780 for the month of June and $191,045 for the month of July. The monthly payments for uncompensated care from January 2008 through July 2015 are shown above in Figure 1.

8% Spending Reduction Removed
Effective on July 1, 2015, the Trauma Fund began reimbursing uncompensated care claims at 100% of the Medicare rate for the Baltimore area. On call and standby stipends are now fully funded as well.

On Call and Standby Stipends
Requests for payments of the January through June 2015 on call and standby stipends have been approved.

CENTER FOR ANALYSIS AND INFORMATION SYSTEMS

Cost and Quality Analysis

Total Cost of Care Grant

MHCC was awarded a grant from the National Regional Healthcare Initiative (NRHI) to participate in its multi-site development and testing of best practices to report Total Cost of Care (TCOC). The NRHI initiative uses the HealthPartners TCOC measure, which has been endorsed by the National Quality Forum. One important feature of this measure is that it can be scalable to the population selected (e.g. geographic areas, provider groups, etc.). This effort fits into MHCC's larger efforts to promote cost and price transparency, as a means to encourage more cost effective care. NRHI conducted a pilot study with five sites from around the country and has added two new sites (Maryland and Utah) in this round of expansion. MHCC has partnered with the Hilltop Institute and will develop measures using data from the Medical Care Data Base (MCDB). MHCC plans to engage medical groups and accountable care organizations in testing the value of these measures in improving standards of practice. Planning meetings have been ongoing in July and August, with data quality checks and development to occur over the next 6-8 months.

Provider-Carrier Workgroup – Study on Self-Referral

Chapter 614 of 2014 Laws of Maryland established the provider-payer workgroup convened by the Maryland Health Care Commission. The statute establishes membership in the provider-payer workgroup to include carriers, hospitals, physicians, nurse practitioners, pharmacists, and other persons entitled to reimbursement under Health General §15–701(A). The Workgroup has been charged with examining the desirability and feasibility of modifying Maryland self-referral law by permitting practices to receive exceptions to offer certain physician and ancillary in-office services if practices participate in cost control and quality reporting programs. The Workgroup will complete work in time for any recommendations to be considered by the General Assembly in the 2016 Legislative Session. The Workgroup has met three times and two additional meetings in October. Staff continues to engage the different stakeholders and policy perspectives to work toward identifying common ground.

Data Release – Staff Review Committee

MHCC's Staff Review Committee (SRC) has started to meet and review applications for MCDB and DC Hospital Discharge data. In the last two months, MHCC has reviewed 5 applications for MCDB data and 2 applications for DC Data. The SRC had follow up questions for applicants, which are expected to be resolved in the next month. Any MCDB applications recommended for approval will be presented at a future Commission meeting for final approval prior to release. As approved by the Commissioners, MHCC will be charging fees for all MCDB data releases to offset costs of data collection and maintenance.

Transparency Tools and Dashboard Development

As part of the CCIIO Cycle III and IV grant deliverables, MHCC will produce dashboards for specific topics and audiences: (1) Industry Portal – this portal will display health care data, such has provider and procedure level prices and geographic distribution of services; (2) Consumer Portal – this portal will display health care prices targeted toward a consumer audience and permit them to review costs and compare provider; (3) Provider Portal – this portal will display health care prices targeted toward providers and will let providers better understand their own spending and compare themselves to other providers; (4) Maryland Insurance Administration (MIA) Dashboard – this dashboard is designed specifically to support MIA rate review and will provide utilization and cost trends in custom and non-public dashboards; (5) Hospital pricing for elective

procedures – this dashboard will display surgeon professional prices in conjunction with facility bills that are already displayed on the existing Maryland Health Care Quality Reports site.

MHCC is using staff to develop the Industry Portal, MIA Dashboards, and Hospital pricing applications. Staff has also initiated development of a public dashboard and query portal, which will rely on a zip code-level file developed to permit reporting of population statistics. All four of these dashboards being developed in-house will be released by the end of the year. With support from the Project Management Office, staff continues to work through the procurement process for a web development vendor to develop the Consumer and Provider Portals. In addition, staff continues to work through the state procurement process to acquire the Prometheus Payment software, an episode grouper, and technical support from Health Care Incentives Improvement Institute, developers of the software, to develop the pricing measures to be displayed on the Consumer and Provider Portals.

MCDB Portal and ETL Development, Master Patient Index

Development of the claims versioning methodology has begun to address the incremental paid claims files. Staff continues to work with Social and Scientific Systems (SSS) and Freedman Healthcare, the Project Management Officer, to develop a design plan to create a cross-payor methodology to handle the varied claims versioning approaches taken by payors. SSS also continues to process 2015 Q1 and Q2 files, will produce a versioned and reconciled 2014 services year file, which will use 2015 Q1 data, by next month.

SSS validated provided by CRISP to cross-walk the payor provided ID's with the Master Patient Index (MPI). The MPI will be used to track utilization across carriers and settings. The majority of ID's were appropriately identified, limitations were found in the submissions of some payors with ID's missing in the submission to CRISP. CRISP is investigating the source of the discrepancies with payers over processing if any needed resubmissions.

Internet Activities

Data from Google Analytics for the months of July and August 2015

As shown in the chart above, the number of sessions to the MHCC website for the months of July and August 2015 was 29,040 and of these, there were 52.65% new sessions. The average time on the site was 2:09 minutes. Bounce rate of 67.29 is the percentage of visitors that see only one page during a visit to the website and is included in the percentage rate of both unique and returning visitor categories.

Typically, visitors to the MHCC website arrive directly, by entering an MHCC URL or referencing our saved URL, via a search engine such as Google, or from a referral through another State site. Visitors who arrive directly are typically aware of MHCC, but visitors arriving via search engines and referrals are more likely to be new users.

The highest referral source was from the mhcc.maryland.gov. Other government agencies include dhmh.maryland.gov, hscrc.state.md.us. Among the most common search keywords in July and August were: "Maryland Health Care Commission", "assisted living facilities", "home based care" and "home health care agencies".

Table Web Applications Under Development

Board	**Anticipated Start Development/Renewal**	**Start of Next Renewal Cycle**
PCMH Public Site	Updates	Updated
PCMH Portal (Learning Center & MMPP)	On-going Maintenance	Migrated to Cloud Server
PCMH Practices Site (New)	On-going Maintenance	Million Hearts Survey Live
Boards & Commissions Licensing Site(13 sites)	Redesign New Credit card Interface	CHIRO Live Podiatry was totally redesigned / to go live 9/5
Physician Licensing	**Live**	**Physicians Live 59% completed**
CCRC	*NEW*	Testing Complete – Going live.
Health Insurance Partnership Registry Site	Permanent Closed	Auditing payments for several employers (Ongoing)
Hospice Survey 2014		Closed. Uploaded database
Long Term Care 2014 Survey	Completed	Closed out web site and database for 2014
MHCC Assessment Database	On-going Maintenance	Closed
IPad/IPhone App for MHCC	Development	Ongoing
npPCI Waiver	Quarterly Report finished	(Ongoing)
MHCC Web Site	LIVE	Ongoing Maintenance
MMCC Maryland Medical Cannabis Commission	LIVE	New tab for caregivers New banner

Database Development & Applications

The staff continued to provide data processing and technical support to MHC staff and external collaborations. For more specifics contact Leslie LaBrecque.

Web Development/Public Updates to Website

- Updated the Commissioner's website with July documents, archived the June documents
- Updated documents on the intranet site, posted job openings, updated the 2014 annual report, updated the nursing home facility page, updated the HIE registration page, posted meeting updates for the price transparency workgroup, contacts page, posted an eMIPP announcement on the electronic health record state incentive page, created a new page and links under workgroup for Freestanding Medical Facilities, updated the price transparency page, created a new page and uploaded documents for "Provider Payer workgroup", updated the hospice page, updated the CON application form for projects other than hospitals, updated the adult day care (adc) resources page and profiles on the long term care portal, updates to the MSO page, updates procurements page, added announcements to the main page, posted the telehealth grant announcement,
- Completed transition and testing of web development projects to a new internal server
- Continuing to train administrative staff to populate and use the new archive website system, completed migration of health IT and CQM archive documents and bulk uploaded CON documents
- Modified the PCMH website master page and added the final report for the MMPP evaluation
- Extended the deadline for home health survey acceptance, fixed pdf print and survey rejection functionality
- Continuing development of a Tableau dashboard portal and got a prototype with sample embedded visualizations working live.
- Uploaded the 2014 hospice public use files to the public site

Network Operations & Administrative Systems (NOAS) – for Internal Staff

Information Technology Newsletter

The August 2015 IT Newsletter has been released, containing helpful information about MHCC IT systems and services. This newsletter is the 36th edition of the NOAS News & Notes newsletter. Features:

- How to Attach an Email in Gmail
    - Provided directions on how to attach an email to another email as an attachment
- Drag Labels Onto Email Messages & Email Threads
    - Reminder users about the drag-n-drop function to "label" email messages and email threads

Information Technology Newsletter

The September 2015 IT Newsletter has been released, containing helpful information about MHCC IT systems and services. This newsletter is the 37th edition of the NOAS News & Notes newsletter. Features:

- How to Request an Email Read Receipt
    - Provided directions on how to add a read receipt within the Gmail system

System Check through Power Outage

In August, the building suffered a blown transformer. Though technology backup systems are checked monthly, this situation provided the first test of total power outage to the entire data center. As with previous

planned tests, all systems responded as expected. Systems were not directly impacted by the outage and were able to be shut down manually without a loss of data.

Special Projects

Health Insurance Rate Review and Medical Pricing Transparency:
CCIIO Cycle III and Cycle IV Grants

During the Fall of 2013, CMS/CCIIO awarded a federal grant to MHCC, under its Cycle III rate review/medical pricing transparency grant program, for nearly $3 million over a 2-year time period (October 1, 2013 through September 30, 2015). This grant funding allows MHCC to assist the MIA in rate review activities, and to enhance Maryland's medical pricing transparency efforts. The grant money is used to speed up processing of MCDB data submissions so that the MIA has timely access to the data. The funds also were used to create software that will automatically generate measures the MIA deems important for rate review. The accelerated processing of MCDB data submissions is being achieved through the use of Extract, Transform and Load (ETL) software that screens data submissions for quality and completeness at the point of data submission and rejects submissions that do not comply with the screening criteria. The ETL software was obtained through SSS, our current database/ETL contractor, and includes the flexibility to employ payer-specific screening criteria that reflects waivers granted to payers by the MHCC for deviations from established data completeness thresholds. The ETL portal went live for carrier data submission on September 30, 2014. Quarterly data submissions continue and, if data issues are discovered, carriers are resubmitting data from earlier quarters, with a smooth and timely data reconciliation process. In addition, staff continues working with the database contractor and the PMO on the design, development, and implementation of a data warehouse, which is on track to be completed by the end of October 2015. On September 1st CCIIO awarded a one-year No Cost Extension (through September 30, 2016) to the Cycle III grant, which will allow staff to continue performing all grant related activities using remaining grant funds.

On September 19, 2014, MHCC was awarded a Cycle IV federal grant from CMS/CCIIO, totaling more than $1.1 million dollars over a two-year time period (September 19, 2014 through September 18, 2016), to further expand the MCDB to support additional rate review and pricing transparency efforts in Maryland. To date, staff has procured Business Intelligence (BI) software from Tableau to support the development of dashboards to be displayed on MHCC's consumer and provider portals, as well as data displays to support MIA's enhanced rate review process. Staff also procured a sole source contract with SSS to provide technical and infrastructure support to Tableau. To further support that project, staff is collaborating with DoIT to finalize an RFP to procure a website development vendor to provide health care decision support for the website application. The RFP is expected to be released via eMarylandMarketplace by the end of September. Staff is also collaborating with DoIT to procure a contractor for proprietary software and technical support on pricing measures for episodes of care for the consumer and practitioner portals.

Freedman Healthcare, MHCC's Project Management Office (PMO), continues to manage the duties of the database/ETL contractor to ensure that all milestones established in the Cycle III and Cycle IV grants are met. MHCC's Methodologist assists the PMO with specific grant initiatives, specifically with MCDB decision support to the MIA in evaluating the MCDB for rate review activities and the development of a data display dashboard that provides the MIA with cost trends for rate review analyses. The Methodologist and Freedman continue meeting with Maryland's large insurance carriers to discuss a data validation process with the goal of reconciling APCD data and data received by the MIA in Actuarial Memoranda (AM) as part of carrier rate filings.

CENTER FOR HEALTH CARE FACILITIES PLANNING AND DEVELOPMENT

Acute Care Policy and Planning

State Health Plan Update: COMAR 10.24.17, Cardiac Surgery and PCI Services
Staff requested and obtained approval to publish a proposed permanent regulation, COMAR 10.24.17, at the July Commission meeting. A notice was published in the *Maryland Register* on August 21, 2015, and public comments will be accepted through September 21, 2015. A few members of the Cardiac Services Advisory Committee (CSAC) raised concerns about the categorization of certain ICD-9 codes, in particular a pericardiectomy. Currently, a pericardiectomy is not defined as cardiac surgery in the proposed permanent regulation. Staff requested additional detailed information from the eight hospitals without cardiac surgery programs that reported performing such a procedure in the administrative data collected by the Health Services Cost Review Commission for calendar years 2013 and 2014. MHCC staff discussed the information gathered to-date with the co-chairs of the CSAC. MHCC staff anticipates addressing the issue along with other comments at the October Commission meeting.

State Health Plan Update: COMAR 10.24.15, Organ Transplantation Services
The final meeting of this work group was held on July 14, 2015. MHCC drafted a meeting summary for this meeting and plans work on finalizing the meeting summary in the next month, based on feedback from work group members.

Development of State Health Plan Regulations for Freestanding Medical Facilities
The first work group meeting was held on August 28, 2015. Although staff previously anticipated posting a draft Plan chapter for informal review and comment prior to the first work group meeting, staff provided a draft Plan chapter to work group members for discussion at the first meeting instead. The second work group meeting is scheduled for October 6, 2015. Staff plans to wait until after the second work group meeting to post a draft Plan chapter for public comment.

Certificates of Conformance
Staff completed the development of applications for a Certificate of Conformance to establish an elective PCI program and to establish a primary and elective PCI program simultaneously. MHCC has received one letter of intent from the University of Maryland Shore Medical Center at Easton to establish a new primary and elective PCI program. Letters of intent to obtain a Certificate of Conformance to establish a primary PCI program or to add an elective PCI program are due September 11, 2015.

In anticipation of reviewing Certificate of Conformance applications, MHCC staff reviewed the duplicate data for the American College of Cardiology's National Cardiovascular Data Registry that MHCC receives and identified certain records that appeared to contain contradictory information regarding the nature of the procedure (emergency or elective). MHCC requested verification of the data and has obtained corrected information for almost all of these records.

Long Term Care Policy and Planning

Minimum Data Set Project
Work is underway on a Request for Proposal to continue the MDS Manager work performed under contract by Myers and Stauffer over the last few years.

Hospital Palliative Care Study
A meeting of the Hospital Palliative Care Advisory Group was held on July 20, 2015. Prior to that meeting, staff had reviewed the National Quality Forum (NQF) 38 preferred practices in terms of staff recommendations for those that: (a) should be recommended as best practices; (b) should be required for hospital palliative care

programs; (c) are not recommended. Staff explained that those recommended as required should be minimum standards; those recommended as "best practices" should be goals. Pilot programs reviewed the materials that had been prepared by staff and provided input on the recommended standards and best practices. Following the meeting, materials were again distributed to members of the Advisory Group for further comment.

During August, staff began work on drafting the report for the legislature, which is due December 1, 2015. Data from both the Center to Advance Palliative Care (CAPC) as well as the HSCRC hospital discharge abstract will be used in the report. A meeting to review the draft report will be scheduled during October.

The status of this project, as well as updates from the most recent meeting, are posted on the Commission's website at: http://mhcc.dhmh.maryland.gov/Pages/HPCP_Project.aspx

Hospice Survey
Data collection for the FY 2014 Maryland Hospice Survey has now been completed. 100% of the hospices submitted data for this survey. The data was reviewed and staff worked with programs to provide technical assistance in completion of the surveys. A public use data set has now been posted on the Commission's website at: http://mhcc.maryland.gov/public_use_files/index.aspx

Updating the Home Health Agency (HHA) Chapter to the State Health Plan
Staff is completing work on a draft update of the HHA Chapter of the State Health Plan. The Home Health Agency Chapter is currently a component of the Long Term Care Chapter, COMAR 10.24.08. A new plan Chapter just for HHA services will be produced as COMAR 10.24.16. It is anticipated that a draft HHA Chapter will be posted for informal review and comment following a staff presentation on the update of the HHA Chapter at the September Commission meeting. The updated HHA Chapter will reflect input gathered from an HHA Advisory Group that met between February and April of this year. The agendas, meeting summaries, White Paper, and copies of the presentations as well as the Advisory Group's membership roster are available on the Commission's website at
http://mhcc.maryland.gov/mhcc/pages/home/workgroups/workgroups_hha.aspx

Home Health Survey
The 2014 Home Health Survey collection period ended on July 20, 2015 with a 100% submission rate. Staff is in the process of cleaning the data for the creation of public use data files and other reports.

Long Term Care Survey
The 2014 Long Term Care Survey collection period ended on June 30, 2015 with a 99% submission rate. A few facilities were fined for non-compliance and Invoices have been issued by the Department of General Services for payment. Staff is in the process of cleaning the data for the creation of public use data files and other reports.

Certificate of Need

CON's Approved

Lorien- Bel Air. – (Harford County) – Docket No. 15-12-2358
Addition of 27 comprehensive care facility (CCF) beds through construction of a three-story addition to the existing facility
Approved Cost: $5,807,345

CON Letters of Intent

McCready Foundation – (Somerset County)
Establish an inpatient behavioral health unit at the hospital with 19 acute psychiatric beds. Adventist Healthcare is identified as a partner in the project.

Calvert Memorial Hospital – (Calvert County)

Construction of a three-story building addition integrated with the existing hospital facility and adding patient rooms. The project also includes demolition and renovations to portions of the existing hospital facility.

Pre-Application Conference

McCready Foundation – (Somerset County)
Establish an inpatient behavioral health unit at the hospital with 19 acute psychiatric beds.
July 29, 2015

Calvert Memorial Hospital – (Calvert County)
Construction of a three-story building addition integrated with the existing hospital facility and adding patient rooms. The project also includes demolition and renovations to portions of the existing hospital facility.
August 17, 2015

CON Applications Filed

Green Spring Station Surgery Center – (Baltimore County) – Matter No. 15-03-2369
Establishment of a free-standing ambulatory surgery center with 5 operating rooms and 4 procedure rooms to be located at 2330 West Joppa Road, Lutherville
Proposed Cost: $16,340,840

Exemption from CON Requests Filed

HomeCare Maryland, LLC
The acquisition of Carroll Home Care which provides general home health services in Baltimore, Frederick and Carroll Counties by HomeCare Maryland which provides home health services in Baltimore City and Baltimore, Cecil and Harford Counties. After the acquisition Carroll Home Care will cease operations as a separately licensed home health agency

First Use Approval

Rockville Eye Surgery, LLC d/b/a Palisades Eye Surgery – (Montgomery County) – Docket No. 14-15-2352
Relocation of the surgery center within the same office building at 4831 Cordell Avenue, Bethesda and the addition of two operating rooms.
Final Cost: $3,637,265

Seasons Hospice & Palliative Care of Maryland, Inc. – (Baltimore City) – Docket 13-24-2346
Establish a 12-bed general inpatient hospice unit in leased space at Sinai Hospital, 2401 Belevedere Avenue, in Baltimore
Final Cost: $50,000

Determinations of Coverage

- **Ambulatory Surgery Centers**

Green Tree Foot/Ankle SurgiCenter – (Baltimore County)
Change of ownership and new determination of coverage for surgery center with one non-sterile procedure room located at 1838 Greene Tree Road, Suite 430, in Baltimore

Point of Rocks Surgery Center, LLC – (Frederick County)
Establishment of an ambulatory surgery center with one operating room and two non-sterile procedure rooms to be located 2101 Ballenger Creek Pike, in Point of Rocks

SurgCenter of the Potomac, LLC – (Montgomery County)
Establishment of an ambulatory surgery center with one operating room and two non-sterile procedure rooms to be located at 6500 Rock Springs Drive, Suite 100, in Bethesda

Lutherville Endoscopy Center – (Baltimore County)
Change of ownership and new determination of coverage for surgery center with two non-sterile procedure rooms located at 1300-A Bellona Avenue, in Lutherville

Carroll County Ambulatory Surgical Center – (Carroll County)
Establish an ambulatory surgery center with two non-sterile procedure rooms located at 1380 Progress Way, Suite 114, in Eldersburg

Innovations Surgery Center, P.C. and Innovation Rockville, PC – (Montgomery County)
Establishment of an ambulatory surgery center with one operating room and one non-sterile procedure room to be located at 3206 Tower Oaks Road Boulevard, Suite 100, Rockville. The physical facility will be operated as two separately licensed and certified ambulatory surgical facilities, with different owners and distinct operating hours. Innovation Rockville, P.C. will operate on Monday and Tuesday and Innovations Surgery Center will operate on Wednesday, Thursday and Friday

Minimally Invasive Vascular Center of Maryland, LLC – (Prince George's County)
Establish an ambulatory surgery center with one operating room and four non-sterile procedure rooms to be located at 9201 Cherry Lane. Laurel

Carroll County Eye Surgery Center – (Carroll County)
Addition of a procedure room to an existing ambulatory surgery center located at 410 Malcolm Drive, Suite B, in Westminster

- **Acquisitions/Change of Ownership**

Chesapeake Surgery Center – (Wicomico County)
Acquisition by Peninsula Regional Health System of Chesapeake Surgery Center from Surgical Center Associates of Delmarva, LLC

Arcola Health and Rehabilitation Center – (Montgomery County)
Corporate restructuring of the "middle tier entities within the chain of ownership" of the facility

Summit Park Health & Rehabilitation Center – (Baltimore County)
Corporate restructuring of the "middle tier entities with in the chain of ownership" of the facility

Bel Air Health & Rehabilitation Center – (Harford County)
Corporate restructuring of the "middle tier entities within the chain of ownership" of the facility

North Arundel Health & Rehabilitation Center – (Anne Arundel County)
Corporate restructuring of the "middle tier entities within the chain of ownership" of the facility

Nursing Enterprises
Acquisition by American Care Partners of Nursing Enterprises, Inc., which is authorized to provide home health services in Montgomery and Prince George's Counties

Elkton Transitional Care Center – (Cecil County)
Change in the operator of the facility

- **Capital Projects**

Holy Cross Hospital – (Montgomery County)
Use of vacated space on the first floor of the West Building upon completion of the new South Tower for office space and sleep space for Kaiser Permanente staff managing Kaiser patients in the hospital. The capital project was found not to require Commission approval.

Recovery Center of America – (Charles County)
Expenditures for construction/renovation to develop a Level III.5 clinically managed high-intensity residential treatment facility for alcoholism and other substance abuse. The expenditures were found not to require Commission approval but cannot include expenditures for development of Level III-D, medically-monitored inpatient treatment for detoxification of alcoholism or other substance abuse patients.

Recovery Center of America – (Cecil County)
Expenditures for construction/renovation to develop a Level III.5 clinically managed high-intensity residential treatment facility for alcoholism and other substance abuse. The expenditures were found not to require Commission approval but cannot include expenditures for development of Level III-D, medically-monitored inpatient treatment for detoxification of alcoholism or other substance abuse patients.

- **Other**

  - **Relinquishment of Bed Capacity or a Health Care Facility Relicensure of Bed Capacity or a Health Care Facility**

Oakland Nursing & Rehabilitation Center – (Garrett County)
Relicensure of 10 temporarily delicensed CCF beds

  - **Miscellaneous**

- **Waiver Beds**

St. Thomas More Medical Complex – (Prince George's County)
Addition of 10 CCF waiver beds at the facility for a total of 270 CCF beds

NMS Healthcare of Springbrook – (Montgomery County
Addition of six CCF waiver beds at the facility for a total of 93 CCF beds

CENTER FOR HEALTH INFORMATION and INNOVATIVE CARE DELIVERY

Health Information Technology

Staff prepared briefing material and participated in the Office of the National Coordinator for Health Information Technology's (ONC) Health Information Technology (health IT) Policy Committee (committee) meeting. The committee is tasked with developing recommendations on a policy framework for a national health information network infrastructure, which includes adopting transmission standards, services, and policies for the exchange of electronic health information. During the meeting, the committee agreed with the recommendation proposed by the Quality Measurement Task Force that the Centers for Medicare & Medicaid Services (CMS) accelerate its work to identify the data elements that will be required for the 2015 Edition of Clinical Quality Measures (CQM) reporting certificate criterion and standards; health care providers are required to submit CQMs via certified electronic health record (EHR) technology in order to

participate in the Medicare and Medicaid EHR Incentive Programs (federal incentive programs). The discussion also included a potential use case pilot for testing CQMs among a broad range of providers.

Staff met with the former ONC Health IT Coordinator, Farzad Mostashari, M.D. Dr. Mostashari is now Chief Executive Officer of Aladade, an accountable care organization (ACO) operating in nine states, including Maryland. During the meeting, staff discussed various use cases for expanding EHR integration to the State-Designated health information exchange (HIE), the Chesapeake Regional Information System for our Patients (CRISP). Dr. Mostashari noted various EHR integration challenges and mentioned that in 2017, meaningful use requirements will require EHR vendors to demonstrate interoperability in order to achieve certification. Dr. Mostashari expressed the importance of developing application programming interfaces with leading EHR vendors and using administrative transactions data to issue alerts for care coordination. In addition, Dr. Mostashari encouraged staff to continue promoting connectivity between long-term care (LTC) facilities and CRISP. Approximately 49 percent of LTC facilities in Maryland have signed participation agreements with CRISP, about 18 percent of these LTC facilities now send data to CRISP.

Staff convened a virtual learning session (session) with local health departments (LHDs), ACOs, and the Department of Health and Mental Hygiene (DHMH). This was the first of three planned Lunch & Learn webinars intended to provide peer-to-peer learning opportunities regarding the selection, adoption, and use of health IT. During the session, Paul Messino, Division Chief, Health IT Policy at DHMH, provided an overview of the Medicare and Medicaid EHR Incentive Programs. Ernest Carter, M.D., Deputy Health Officer for Prince George's County Health Department, discussed the EHR workflow redesign process and its value to improving care delivery. Staff also developed a preliminary draft of an EHR pricing and functionality template (template) in collaboration with several LHDs. Once finalized, LHDs will complete the template and it will become part of a planned *LHD EHR User Resource Guide* (guide). Release of the guide is targeted for the fall.

Staff finalized an information brief on the impact of the State-Regulated Payor EHR Incentive Program (State incentive program). COMAR 10.25.16, *Electronic Health Records Reimbursement*, requires payors to provide incentives to primary care practices (family, general, geriatric, internal medicine, pediatric, or gynecologic practices), including nurse practitioner-led practices. In June 2014, the regulations were revised to align the State incentive program with federal incentive programs. Payors are now required to provide incentive payments to primary care practices that attest to meaningful use under the federal incentive programs, or participate in an MHCC-approved patient centered medical home (PCMH) program. EHR adoption among Maryland office-based physicians has increased since the launch of the State incentive program in 2011 from 33 percent to 64 percent in 2014. As of March, about 18 percent of the nearly 2,025 eligible primary care practices have received a State Incentive, an increase of approximately 14 percent since April 2013. Additionally, around 38 percent of the eligible primary care practices who have received a federal incentive have also received a State incentive; an increase of approximately 27 percent.

The staff is preparing an information brief on comprehensive care facilities (CCFs). The information brief, *Adoption of Health Information Technology among Comprehensive Care Facilities in Maryland*, provides an overview of CCFs' EHR and HIE adoption levels. EHR and HIE adoption data were collected from Maryland's Annual LTC Survey. Based on a preliminary analysis, approximately 72 percent of CCFs have purchased an EHR system, although only about 33 percent of these CCFs are using their EHR at a basic level. Broadly defined, a basic level of use is using a core set of functionalities that includes: activities of daily living; allergy list; assessments other than the minimum data set; care plans; demographic characteristics of residents; diagnosis or condition list; discharge summaries; vital signs and laboratory data. Approximately 31 percent of CCFs are using the CRISP Query Portal to access resident data. Release of the information brief is targeted for November.

Health Information Exchange

Staff participated in three CRISP Advisory Board meetings: Clinical Advisory Board, Technology Advisory Board, and Privacy and Security Advisory Board. The Clinical Advisory Board explored CRISP's potential role in support of research oriented use cases. The Technology Advisory Board explored the role of CRISP

in developing the infrastructure and providing services to support its regional partners in meeting care coordination goals under the new Medicare waiver. During the Privacy and Security Advisory Board meeting, members discussed the status of CRISP's corrective actions to address findings from the recent privacy and security performance audit conducted by CliftonLarsonAllen.

Staff is in the preliminary stages of working with the Hospice & Palliative Care Network of Maryland (HPCNM) to develop a use case for connecting their members to CRISP. HPCNM is a membership organization for hospice and palliative care programs and serves as a connection point to patients and their families seeking hospice and palliative care throughout Maryland. The use case would enable CRISP to receive data feeds on patients receiving care from a hospice and palliative care program, CRISP could then make this data available to participating providers through the Query Portal. Over the next several months, staff plans to begin working with select hospices to develop the technical specifications for a use case pilot. Approximately 30 hospice and 40 palliative care facilities are located in Maryland; some hospice centers include palliative care.

In collaboration with CRISP and several electronic health networks (EHNs or networks) operating in Maryland, staff continues to develop and test use case pilots where information from a provider's administrative system can be used to trigger electronic alerts to care managers on patient encounters with providers. Cyfluent, a Maryland-based network, is currently piloting a use case where administrative transactions are transmitted to CRISP from a small number of providers using Cyfluent's practice management solution. During the month, staff finalized the technical specifications for an Emdeon and RelayHealth use case pilot. Emdeon and RelayHealth are two of the largest networks operating nationally and in Maryland. Information from the use case pilots will aid in developing a broad range of use cases where administrative transactions can be included in provider alerts. The anticipated duration for an administrative transaction pilot is about nine months.

The HIE Policy Board (Board) met during the month to finalize an emergency access policy. The policy pertains to the release of data from an HIE during emergency situations where due to medical reasons, patient consent cannot be obtained. Staff will utilize the policy to help guide the development of amendments to the existing regulations, COMAR 10.25.18, *Health Information Exchanges: Privacy and Security of Protected Health Information* (HIE regulations). Draft amendments to the HIE regulations are expected to be released in September for informal public comment. During the month, staff also provided guidance to HIEs regarding their annual registration renewal. As part of the renewal process, HIEs must provide updated information regarding the implementation of certain privacy and security policies and recent privacy and security audit findings. Staff plans to convene a workgroup of registered HIEs in September to discuss opportunities for collaboration on the acquisition of technology. Staff is also in the preliminary stage of cataloguing service capabilities of HIEs operating in Maryland. This information will be used in promoting the State-Designated and community-based HIEs.

Staff is working with the Maryland Pharmacists Association (MPhA) leadership to redesign the Community Pharmacy HIE Access Pilot (pilot), including expanded participation and the assessment process. The pilot aims to enable community pharmacists to have access to other available clinical information (e.g., medication history, laboratory results, radiology reports, and transcribed reports) to improve care delivery. At the MPhA Winter 2016 Conference, staff plans to present details of the pilot and identify volunteers to participate in the pilot. The pilot will launch in March 2016 for six months, staff will present finale recommendations to CRISP in the fall of 2016. Staff also held a second planning meeting with representatives from the Maryland Chapter of the American Society of Consultant Pharmacists to explore opportunities to develop a similar pilot for consultant pharmacies.

Staff began drafting the 2015 legislative report on State-regulated payors' (payors) and pharmacy benefits managers' (PBMs) implementation of electronic preauthorization. Health-General Article § 19-108.2 (2012) requires MHCC to work with payors and PBMs to implement online processes for preauthorization in a series of three benchmarks. The law was amended in 2014 to add a fourth benchmark requiring certain payors and PBMs to allow providers to electronically override a step therapy or fail-first protocol for pharmaceutical preauthorization requests by July 1, 2015. This year's report will note the status of payors'

and PBMs' attainment of the fourth benchmark and also highlight their efforts to increase awareness about the availability of electronic preauthorization as well as educate providers on how to use their online preauthorization system. The report is due to the Governor and General Assembly by December 31, 2015; MHCC is required to report on payors' and PBMs' status in implementing electronic preauthorization through 2016.

Staff released a funding announcement for round three telehealth projects, which seeks to fund innovative telehealth use cases aimed at improving the patient experience and the overall health of a population being served. Applicants are able to select among five use cases developed by the Telemedicine Task Force in 2014 or propose a new use case. Staff plans to competitively award up to three grants of approximately $30,000 each in October. During the month, staff provided support to the round one telehealth grantees that received funding from MHCC in October 2014. The grantees have implemented telehealth technology with the goal to improve transitions of care between hospitals and CCFs. The grantees are: 1) Atlantic General Hospital Corporation in partnership with Berlin Nursing and Rehabilitation Center; 2) Dimensions Healthcare System in partnership with Sanctuary of Holy Cross and Patuxent River Health and Rehabilitation Center; and 3) University of Maryland Upper Chesapeake Health in partnership with Bel Air facility of Lorien Health Systems. The grantees are in the process of evaluating the use of telehealth within their facilities to identify opportunities where telehealth consultations were most effective. The MHCC awarded a combined total of $87,888 in grant funding; grantees are required to provide a 1:1 financial match. The telehealth projects are scheduled for completion in October 2015.

Staff continues to work with round two telehealth grantees that received funding from MHCC in May of 2015. The grantees include: 1) Crisfield Clinic, LLC; 2) Lorien Health Systems; and 3) Union Hospital of Cecil County. All three grantees are using remote patient monitoring to better manage chronic health conditions and provide more timely treatment as needed; grantees are also using audio/video conferencing in some cases. Grantees are currently enrolling individuals in their telehealth treatment interventions. Crisfield Clinic is focusing on patients' with the following health conditions: asthma; diabetes; childhood obesity; and behavioral health issues. Lorien Health Systems is addressing hospital prevention quality indicator (PQI) conditions, including uncontrolled diabetes; congestive heart failure; and hypertension. Union Hospital of Cecil County is similarly addressing PQI conditions, including angina; asthma; chronic obstructive pulmonary disease; diabetes; heart failure; and hypertension. The MHCC awarded a total of $90,000 in grant funding with a 2:1 financial match required by each grantee. The telehealth projects will take place through June 2016.

Innovative Care Delivery

During the month, staff convened a meeting of the PCMH Transformation Workgroup (PTW) to discuss statewide evaluation and reporting of carrier value-based care delivery models, and opportunities for establishing an advanced care delivery learning consortium. The PTW was established in 2014 and is tasked with developing recommendations for expanding advanced care delivery models in the State once the Maryland Multi-Payor PCMH Program (MMPP) concludes at the end the year. During the meeting, CRISP presented on their strategy for connecting ambulatory practices and in collecting quality measure data. PTW participants also discussed establishing a quality measure reporting portal that participants in advance care delivery programs can use to report data to MHCC.

Staff hosted several meetings with representatives from single carrier PCMH programs. The purpose of these meetings was to provide guidance to MMPP practices with transitioning to single carrier PCMH programs at the end of 2015. Staff also assisted MMPP practices with interpreting their practice-specific quality reports, which aid in determining their eligibility for shared savings incentive payments. In addition, staff distributed fixed transformation payment files to Medicaid managed care organizations. During the month, staff began contacting practices throughout the State that allowed their NCQA PCMH recognition to lapse. Recognition is widely considered as the foundation for achieving practice transformation. Staff plans to identify key reasons why PCMH practices decided not maintain their NCQA recognition and share the findings with NCQA.

Staff released the legislatively mandated evaluations of the multi-payor PCMH program in July. The report details findings from the final evaluation of the MMPP, which assessed progress made by pilot participants from July 2011 through June 2014, including: 1) practice transformation; 2) provider satisfaction; 3) patient satisfaction and experience, including access to care; 4) quality, utilization and costs of care; and 5) health care disparities. Findings indicate that more adult patients rated patient-provider communication higher than earlier in the pilot, and respondents for children indicated they were highly satisfied with care. Chronic disease management of some ambulatory care sensitive conditions also improved. Findings also suggest the MMPP had success in slowing the growth of health care costs among MMPP practices for inpatient payments among Medicaid patients and outpatient payments for both Medicaid and commercially insured patients.

Electronic Health Networks & Electronic Data Interchange

Staff recertified several EHNs during July and August: Emdeon, Ability Network, Inc., Navicure, One Mind Health, and Optum 360. As part of the certification process, EHNs must receive national accreditation every two years demonstrating their compliance with over 100 criteria related to privacy, security, and business practices. Approximately 40 EHNs operating in Maryland are certified with MHCC in accordance with COMAR 10.25.07, *Certification of Electronic Health Networks and Medical Care Electronic Claims Clearinghouse*. During the month, staff began analyzing data obtained from payors' Electronic Data Interchange (EDI) Progress Reports for calendar year 2014. COMAR 10.25.09, *Requirements for Payers to Designate Electronic Health Networks*, requires payors whose premium volume exceeds $1M annually, and select specialty payors, to submit an EDI Progress Report to MHCC by June 30th. Staff plans to release an information brief on payors' EDI progress in 2014 at the end of this year. Staff also released a brief on payors' preparedness activities pertaining to their implementation of the International Classification of Diseases tenth revision (ICD-10). As of October 1, 2015, health care providers must use ICD-10 codes when submitting medical claims.

CENTER FOR QUALITY MEASUREMENT AND REPORTING

Health Plan Quality & Performance

Two procurements for key support functions that include the CAHPS® Survey Administration and the HEDIS® Audit and Performance Evaluation of Commercial Health Benefit Plans were approved at the August meeting of the Board of Public Works. For each of the five-year contracts, incumbent contractor successfully retained the contract.

Staff hosted the first meeting of the Quality Assurance/Quality Improvement (QA/QI) Workgroup. Workgroup participants included approximately three representatives from each of the carrier organizations (Aetna, CareFirst, Cigna, Coventry, Kaiser Permanente, and United Healthcare). The purpose of the QA/QI Workgroup is to foster open discussions on topics that include health benefit plan quality measurement and quality improvement, as well as plan-based reporting and public reporting of performance results. Consumer and Physician representatives are also anticipated to participate as QA/QI Workgroup members in future meetings.

Carrier audits for the 2015 public reporting period on health benefit plan quality have been concluded. MHCC has worked with its audit partners to evaluate and finalize health benefit plan performance results stemming from the audits. Currently, these performance results are being included in draft iterations of the annual quality report series for public. With drafting of the quality report series well underway, a public release of the 2015 quality report series is anticipated in mid-October. The 2015 quality report series includes MHCC's Consumer Edition Quality Report and the Comprehensive Quality Report, as well as MHBE's Maryland Health Connection Quality Report. In addition, further development of the health benefit plan

website is also anticipated for October. In particular, staff is working on the expansion of our web based display of health plan data to include HEDIS measures.

Staff maintains ongoing collaboration with the MHBE and the qualified health plans that participate in quality reporting through the use of proxy data. Note that proxy quality reporting for plans offered on the Maryland Health Connection has been approved for use in 2015 reporting.

Hospital Quality Initiatives

The Maryland Health Care Quality Reports

The Maryland Quality Measures Data Center (QMDC) website and secure portal have access to detailed hospital quality and performance measures data for public reporting, access to the HSCRC Quality Based Reimbursement (QBR) Program, and efforts to modernize the Medicare Waiver. The QMDC, a major component of the Hospital Guide infrastructure, has been transformed into a single point of access to quality and performance information on hospitals, other health care providers and health benefit plans in Maryland. The latest update to the QMDC incorporates an enhanced version of the AHRQ MONAHRQ software (6.0), as well as new physician profile data, updated healthcare-associated infections data, CMS clinical measures and HCAHPS scores. Focus groups were held in June and July and the results of these focus group discussions continue to help shape future versions of the website.

The staff continues to work closely with the HSCRC and their Consumer Engagement Taskforce (CETF), which was established to promote and support the new all payer model program. A demonstration of our new website before the consumer group was given in late June. Staff also presented the website with an emphasis on the Long Term Care Guide to the Montgomery County Commission on Aging in early July. A final report of the CETF is scheduled to be presented to the HSCRC on September 9, 2015.

Healthcare Associated Infections (HAI) Data

Staff is working with hospitals on the new HAI data requirements that became effective January 1, 2015 including the expansion of CDI and MRSA bacteremia Lab ID event reporting into outpatient emergency departments and 24-hour observation units, as well as the expansion of catheter-associated urinary tract infection (CAUTI) and central line-associated bloodstream infections (CLABSI) into adult and pediatric medical, surgical, and medical/surgical wards. Calendar year 2014 MRSA bacteremia and CAUTI data are scheduled to be released on the QMDC in the next release in October.

Calendar year 2014 SSI data as well as 2014-15 Healthcare Worker Influenza Vaccination data was finalized and reported on the July release of the *Maryland Health Care Quality Reports* website.

Specialized Cardiac Services Data

All Maryland hospitals that provide PCI services are required to participate in the ACC's NCDR ACTION and CathPCI data registries and report the quarterly data to the Commission in accordance with established timelines. The staff transitioned the cardiac data submission and management process to the Quality Measures Data Center secure portal beginning with 1st quarter 2015 submissions and continuing with 2nd quarter submissions. The staff has completed the transition of the 1st quarter and is preparing for 2nd quarter submissions.

The Commission also requires all hospitals with cardiac surgery programs to participate in the Society for Thoracic Surgery (STS) cardiac data registry. This database supports the CON program and the health planning activities of the Center for Health Facilities Planning and Development. The first audit of the STS data is now underway.